

P/543-103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Lorenz Camenzind et al.

Date: August 9, 2004

Serial No.: 09/674,600

Group Art Unit: 2859

Filed: December 13, 2000

Examiner: Gail Kaplan Verbitsky

For: MULTIFUNCTION TOOL

VIA FACSIMILE - (703) 872-9306

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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Attention: Examiner Gail Kaplan Verbitsky

AMENDMENT/SUBMISSION

Sir:

This is a response to the Office Action mailed May 7, 2004 in the above-identified application. Reconsideration of the application is respectfully requested.

FEE CALCULATION

Any additional fee required has been calculated as follows:

☒ If checked, "Small Entity" status is claimed.

	NO. CLAIMS AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		EXTRA PRESENT		RATE	ADDIT. FEE
TOTAL	41	MINUS	38	* =	3	X	(\$9 SE or \$18)	\$ 27.00
INDEP.	5	MINUS	5	** =	0	X	(\$43 SE or \$86)	\$ -0-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X	(\$145 SE or \$290)	\$ -0-

* not less than 20 ** not less than 3

TOTAL \$ 27.00

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/674600

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	8/9/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 41	Minus	** 38	= 3
	Independent	* 5	Minus	*** 2	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	27
X43=	
+145=	
TOTAL ADDIT. FEE	27

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	